

Water Babies Swim Lesson Program

The Charles R. Drew Wellness Center believes that each child and adult should be given the opportunity to learn how to swim. Our Water Babies Swim Lesson Program will teach the child to become comfortable in the water and also teach them some swimming techniques. This class is parent and instructor taught. Please sign up at the front desk.

Water Babies Swim Lessons

\$15 for Members, \$30 for Non-Members.

Ages 6 months to 4 years old

Child must be accompanied by a Parent/Guardian



Water Babies Swim Lessons

In this class the child will:

- Learn to enter the pool safely.
- Learn breath holding.
- Learn front/back float.
- Learn flutter kick.
- Learn front/ back crawl.

Two week classes are Monday – Thursday

Please circle the class you wish to take.

June 16-26

~~11:00- 11:30am Full~~

July 14-24

11:00- 11:30am

June 30-July 10

11:00-11:30am

July 28-Aug. 7

11:00-11:30am



Saturday Classes are six weeks

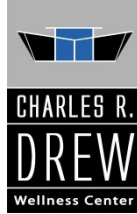
June 7-July 12

~~9:00-9:30am~~

July 19-Aug. 23

~~9:00-9:30am~~

- Classes are held in shallow end of swimming pool
- Your child must have a swim diaper on before entering the pool
- People with hair beads must wear a swim cap
- A Parent or Guardian, 18 years or older must be in the water with the child.



2101 Walker Solomon Way
Columbia, SC 29204
(803) 545-3200
www.drewwellnesscenter.com

Water Babies Swim Lesson Registration: \$15 for Members, \$30 for Non-Members

Participant's Name: _____

Age _____ Birthday _____ Gender _____ Circle: Member or Non-Member

Parent/Guardian: _____ Birthday _____

Address _____ City _____ Zip Code _____

Phone: _____ Email: _____

***In the event of inclement weather, what is the best way to notify you of sudden class cancellations? Please Circle: Phone Email

LIABILITY STATEMENT

In consideration of the services and facilities provided by the City of Columbia, its employees, agents, and officers, I hereby release and forever discharge the aforementioned from any and all liability arising out my child's participation in this program.

I am fully aware of risks inherent to this activity and should not allow my child to participate unless medically able. I assume all risks associated with this activity.

I agree that photographs, recordings, or any other record may be used for the purpose of promoting programs operated or sponsored by the City of Columbia.

In case of illness, I authorize a representative of the City of Columbia to obtain immediate care deemed necessary by licensed medical personnel.

I have read and fully understand that these terms are contractual and not a mere recital and sign it voluntarily.

Signature

Date

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For Office Use Only:

Amount Paid _____ Date _____

Received by _____ Class Time/ Date/Level: _____